



Use of a Discussion Provoking Board Game for Revealing Privilege

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Abstract

The article discusses the use of a board game, Reality Check: The Game of Privilege, as a tool to promote dialogue and understanding of privilege among medical students and faculty. The game was played in groups of 5 to 6 participants, and each player assumed the role of a character with specific socioeconomic, sexual orientation, race, and gender identity. Debriefing sessions and anonymous surveys were conducted after each play session, and the findings were reviewed to identify themes and refine future play sessions. The results of the study showed that the game was effective in promoting discussion and reflection on the impact of privilege and bias on healthcare. The debriefing sessions and feedback from participants highlighted the complexity of privilege and circumstance and its impact on patients' care. The study's authors suggest that the game can be used to create a more inclusive and equitable healthcare system that meets the needs of all patients by recognizing and understanding privilege.

Highlights

- An innovative, readily available board game can be utilized to encourage dialogue regarding privilege among medical students and faculty.
- Create a secure and supportive environment for open discussion among individuals from diverse backgrounds with a facilitator's guide that emphasizes respect and inclusivity.
- Promote respectful dialogue and establish a safe space for productive conversations on sensitive topics like race and gender identity through communication ground rules and validation of participants' perspectives.

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Introduction

Privilege refers to any right, immunity, or benefit enjoyed only by a person or group beyond the advantages of most. An unearned advantage that a dominant group has over marginalized groups [1].

As physicians, faculty, and aspiring medical professionals, we must recognize the ways in which our privilege has benefited us. We are born into bodies and lives that come with specific advantages, and it is important to acknowledge these inherent privileges when seeking to understand the experiences of others, particularly in the field of medicine.

In the aftermath of recent racially charged social unrest, it has become essential to openly discuss privilege with students, faculty, and staff in our medical school. Our goal is to prepare healthcare providers to recognize their privilege and better understand the diversity of lived experiences in society. By doing so, we can create a more inclusive and equitable healthcare system that meets the needs of all patients.

When facilitators create a safe environment where participants with different lived experiences feel comfortable asking questions of others, game-based simulations can be used to drive sensitive social discussions and create experiences for players to view how social injustices give some people privilege over others.

Just as recognizing that everyone has different forms of unconscious bias, it is important to acknowledge every person has different levels and forms of privilege that can be used to give or limit one's advances in life. Society often limits bias to race or gender but in reality, our internal attitudes, which form our biases, come from the diversity of lived experiences [2]. Discrimination between

two or more choices is not in and of itself bad. It is when the bias towards one versus the other perpetuates disparities within society, and influences what and how we care for and teach others to act that it becomes counterproductive [2].

The purpose of the board game is to provide a foundation for discussion about privilege in America. It uses facts, stereotypes, and satire to tell a story about choice, injustice, and systemic oppression. Its goal is to present the reality of circumstance and reveal the fallacy of self-determination, capitalism, and the American Dream.

A board game used this way amounts to a simulation type experience where the participant assumes the role of another person's characteristics and experiences how social norms and stereotypes impact their ability to make it in life.

Methods

To address the need for a tool to promote understanding of privilege, Reality Check: The Game of Privilege board game was utilized in this study. Play sessions were conducted with groups of 5 to 6 members, including faculty, staff, and students (n=43), with special attention given to creating a safe and non-judgmental environment for participants to make mistakes and learn. Each player was provided with a set of circumstance cards that outlined their character's particular socioeconomic status, sexual orientation, race, and gender identity, and assumed that role during game play.

Participants' demographic information included faculty, staff, and medical students in their first to third years. Players identified as Hispanic, White alone, non-Hispanic, Black or African American alone, non-Hispanic, Asian alone, non-Hispanic, some other race alone, non-Hispanic, and Multiracial, non-Hispanic, in accordance with standards on race and ethnicity set by the U.S. Office of Management and Budget (OMB), which governs how the federal government collects and presents data on the racial and ethnic diversity of the U.S.

Participants also identified as LGBTQIA+community members, which is an acronym for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and others. In our manuscript, we aim to discuss a thought-provoking board game that delves into important societal issues such as race, gender identity, poverty, health, age, culture, and sexual orientation. In creating a safe play environment, we consciously chose not to ask participants for their personal details, recognizing that openness could be enhanced by not sharing such information. While we possess access to a list of participants and photographs from the play sessions, we firmly believe that assuming anything about them based on our own perceptions would be inappropriate and hypocritical. To maintain the integrity of our research, we refrain from making assumptions about individuals' backgrounds or identities. Although future studies may explore capturing such information, we assert that the potential harm outweighs any additional value it may provide.

After each session, a facilitated focus group involving all participants was used to debrief, and anonymous surveys were collected to gather feedback from participants. Surveys were distributed *via* email to participants within 2 to 3 days following each play session. Two attempts were made to contact players for response. There was no incentive for survey responses. The researchers reviewed the feedback and facilitator notes to identify themes and refine future play sessions. A facilitator's guide was developed to standardize the

experience. Prior to the first session, the facilitators developed a guide for conducting the game session and debriefing experience. This guide was revised after each session based on feedback and observations made during the prior sessions.

The facilitators included a second-year medical student with experience in simulation-based training and a medical school faculty member specializing in experiential learning, particularly board game-based education. The study's participants included first and second-year students from the local allopathic medical school, as well as faculty and staff with an interest in diversity, equity, and inclusion. Participants were recruited through word-of-mouth on campus, and no compensation was provided for their participation. Play sessions were held inside the medical school outside of regular academic events, and participants were welcome to attend multiple game sessions. Demographically, the participants consisted of 63% female and 37% male individuals. As a result of the small sample size, additional sociodemographic characteristics of participants were not recorded due to the possible identification of participants.

The facilitator has two major responsibilities: Explanation and management of game play, and maintenance of a safe environment for play and discussion. The facilitator must be familiar with their role in the experience including how to play the game and all instructions, materials, and discussion guide. To guide the facilitator, the researchers developed the Reality Check: Facilitator's Guide (available by contacting the author).

Prior to the date of the play session, the facilitator reserves a room that can adequately accommodate 12 players and 2 facilitators. Safety is the most important role of the facilitator. Safety has many meanings and each player may see safety differently than others. The facilitator has to be clear about what is expected and have a plan for dealing with safety issues.

Below are some examples and how they were addressed.

1) Non-player/non-facilitator wishing to watch the game. An administrator entered the room to observe, support, encourage, and take photos. They were told that was not permitted but invited to join the game since it had not started. When they were told the game and debrief lasted 2 h, they declined and left the room. Our policy is once a simulation begins, no one is permitted to join and observers must be pre-approved and have a purpose for observing- players are not animals in a zoo to be watched.

2) Player arrives after the pre-briefing has begun. A player arrived 5 min after the pre-brief had begun and the door had been closed. They were asked to join another session but not permitted to join late due to disruption of the simulation. In another session, a high-ranking administrator arrived 5 min late. A co-facilitator stopped them at the door and asked them to wait for permission before joining the group. The players in the session were asked if they would permit this person to join. They agreed and the player was permitted to participate. This is almost never done but was seen as a great value to the mission of the game if they were allowed to play. Our policy in simulation is once the pre-brief has begun, no new participants may enter. They will need to reschedule.

3) Player repeatedly using a culturally derogatory term- A player in one session was using a term which is offensive to a specific cultural group. The player did not recognize the issue until another player displayed the red card and halted play. The issue was discussed

and the player recognized their mistake. If the red card was not available, the player being offended would continue to be “slapped” with each use of the term, ultimately limiting their ability to learn from the experience. Our policy is to use a safe word in our simulations for any situation that may result in harm to another participant. While a single use of an inappropriate term is harm, it should be addressed in the debrief; however, repeated use which may limit another’s learning experience is seen as a ground for immediate action.

Suggested Narrative (from facilitator’s guide)

“My name is ___ and I’m here to facilitate this game for you and help us achieve the objectives of this session. I will be facilitating the session and guiding the post-game play debrief. Please take a minute to introduce yourselves. Please share your name, class year or university role and your hometown where you grew up. I’ll start.....

Thank you. Next let me share the underpinning concepts of this play session.

Reality check

Game of Privilege is a board game adapted to be played in an academic setting such as this. The original game was designed for home use but found to be a great instrument for generating meaningful discussions on sensitive topics.

The purpose of the game is to provide a foundation for discussion about privilege in America. It uses facts, stereotypes, and satire to tell a story about choice, injustice, and systemic oppression.

The content of this game may be uncomfortable, but its goal is to present the reality of circumstance and reveal the fallacy of self-determination, capitalism, and the American Dream. It is designed to prompt meaningful conversations. Experience with privilege and systemic oppression can be deeply personal and painful. So again, this game has a High Sensitivity Level. This means you may be offended by topics or terms used in the game.

Key Topics we will encounter include

- Race
- Sexual Orientation/Sexuality
- Gender
- Class

Part of the purpose of playing the game is that you will be uncomfortable. You will not be unsafe, but you may be uncomfortable.

Great, so, let’s cover some general rules and goals before getting into playing the game. We are all adults here, and according to adult learning theorists our past experiences influence our perspective on new experiences and our ability to learn new topics. Please keep that in mind as we go through the session.

When we learn something new, we will make mistakes. We may use the wrong terms or offend others. Do not hold anything against anyone during the game play. Make a note of any topics that were offensive, so we can discuss later during the debrief.

We understand that there may be some derogatory or insensitive comments or statements that occur. These comments may not be consciously meant to be hurtful or intentional, but they will be addressed during the debriefing session. And if you felt like something was derogatory or insensitive, please let that be known during the debrief, so it can be addressed.

If you consider the offense egregious and repeated it may be necessary to pause play in order to clarify and correct. Please use the “red” card on the table to temporarily stop play and address the issue. As we are learning, we may use the wrong terms. We may not mean to use the wrong terms but sometimes we might, and all of us could be guilty of this. So, I ask that you hold everyone harmless and not hold it against them. This is a safe environment. We don’t want to carry anything negative out of this room.

Please, don’t assume that this person is a particular way. We all make mistakes, and, in this setting, this is where it is okay to make those mistakes. Take your notepad, create a note in your phone, jot it down, and we will discuss it.

Again, we’re in a safe environment. During the debrief, we’re going to have some uncomfortable conversations. There may be some things that you don’t want to reveal about yourself such as your personal lived experiences, cultural history, or sexual orientation. That’s ok, but if you are comfortable, please share so others can better understand.

I want us to walk out of this room and go back to the regular world, back to our usual lives, with new knowledge and having gained new experiences.

Our session objectives

- 1) Apply knowledge learned in the medical school setting (textbook or lecture) to a simulated experience.
- 2) Appreciate the perspective or lived experience of a person from a different life circumstance or social status than your own.

Think about all the different ways that privilege creates meaning in our lives: Opportunistically, financially, medically, politically, generationally, etc. It is important to recognize that privilege and having the ability to utilize privilege can drastically transform one’s circumstances. Please be aware that we are in this simulation together just as we are in this society together. We are all living with some type of privilege and probably in more ways than one. This simulation was created to raise awareness, empathy and to be a call to action.

Is everyone agreeable to proceeding?

In a moment, I’m going to play the standard rules video for the game. It explains things really well but a bit quick, so I’ll review some of the more difficult parts after the video (<https://youtu.be/6sm-pUF9ZxY>, 3.5 min).

Before doing that, please open your envelopes and look at your circumstance cards. You will see on the card your race, gender, sexual orientation, and financial status. Also in the envelopes are coins and righteous action cards. These are different for each player; and some of you may not have any coins to start the game.

Please start by selecting a name for yourself that you believe reflects your cultural identity. Write the name on your name label. Also indicate your pronouns based on your gender card. Once a name is chosen, please address each other by the newly chosen names written on each player’s name sticker. Also use the appropriate pronouns. If the wrong pronouns are used, the person addressing it earns a woke token.

Please note your life achievements for each circumstance card. The goal is to be the first to complete all four of your Life Achievements by any means necessary. You are encouraged to collaborate, conspire,

and trade. Please note the glossary at the back of the pink book. Use this to check your use of the terms such as cis-gender and transgender.

Ok... time for the video.

Does anyone have any questions about instructions or terms?

The facilitators will be circulating and available to answer any questions.

We will also be keeping time and will let them know when they have 15 min before the discussion period will begin. The person with the most achievements at the end of the play session wins at their table. So, let's get started, the first person to role will be the person with the highest financial class because they are "special" and "deserve it". Turns will pass to the left. As you start your turn, please introduce yourself (name, pronouns, and life goals) before rolling".

As players begin moving their individual pieces around the board, the game Reality Check: Game of Privilege exposes the players to the advantages and disadvantages related to privilege. The game introduces various stereotypes, biases, and commonly misunderstood terms so players can later discuss and learn from each other. Participants play the role of a character with 4 distinct characteristics: Race, Social Class, Gender, and Sexual Orientation.

Through the simulation experience of circumstance, participants begin to understand the complexity of privilege and circumstance as well as explore the impact it can have on individuals and communities. It is a powerful tool to engage, educate, and empower students and educators of medicine to act through understanding. As a discussion-based activity, it also encourages the taking of action and becoming part of the solution to this complex yet addressable issue.

As the players complete the game or the game time runs out, ask them to review their notes and look for themes. They can also prepare questions that may be brought up during the group debrief. Encourage them to discuss the game at their table if the other table is continuing to play.

Analysis

According to the game developer, Reality Check was created to help Americans understand the concept of privilege and address systemic inequities. It aimed to bridge the growing divide in America by using a board game format to engage players in challenging ideas. The game combined fun and silliness with sensitive topics to lighten the mood. Inspired by games like Life and Monopoly, Reality Check aimed to provide a more realistic portrayal of life and the pursuit of happiness. The game drew from current events, historical references, books, and personal experiences to create meaningful game play. While not perfect or comprehensive, Reality Check serves as a starting point for people to grasp the concept of privilege and gain a deeper understanding of life in America.

The Board

Represents life and the various obstacles and experiences one must navigate to secure their life achievements according to the board game. The "Board" contains spaces with both required and optional actions. For example:

Eternal nothingness (START): Collect your payday when you land on or pass Eternal Nothingness. On your first turn, you may not move backward behind Eternal Nothingness.

The hyperhoops: There are two hyper hoop lines on the board indicated by color. After paying the fee, you may ride the hyper hoop line in any direction from a connected space.

The REZ: This section of the board is generously outlined by a dotted line. It's the least we could do. While within The Rez, Indigenous players are immune to the effects of Privilege and righteous action cards.

The library: Knowledge is power. When interacting with the library space, you may steal a righteous action card from another player's hand.

Safe space: You're safe and sound in your safe space were unicorns dash across rainbows and fart gumdrops. While at the Safe Space, Privilege and RA cards do not affect you.

Night school: At Night School you can better yourself to achieve a higher-Class card...for a price. You may only move up one class at a time. If the class above yours is not available, then you cannot achieve it. You cannot move down a class through Night School.

Jail, Gitmo, Mexico: Being sent to Jail, Gitmo, or Mexico ends your turn immediately. While at these spaces, you may not move, play any cards, collect money, and are not affected by Privilege or RA cards (unless otherwise specified).

The debriefing session was an integral part of the game play experience, and all players participated in it immediately following the game. The researchers took qualitative notes during and after the game play session to review and discuss later. To guide the debriefing process, a set of prompts was provided to encourage participants to reflect on their experience and share their thoughts.

In addition to the debriefing session, a post-game play survey was sent out to participants who provided their email addresses at the time of the game session. The survey was sent out only once, and no incentives were offered for completing it.

Results

The findings of this study were derived from qualitative notes taken during debriefing sessions and responses to a post-game survey. A total of 43 participants (students, faculty, and staff) were involved in the game sessions, with a response rate of 35% for the follow-up survey.

Facilitators captured thoughts and notes during introduction and during the discussion at the end of the experience, by using a notepad and pen or pencil. An audio recorder was not used due to fear of release impacting the discussion.

From the debriefing sessions, inductive analysis was used to analyze the qualitative data with several key themes emerging. Participants commented on the complexity of privilege and circumstance and how the game allowed them to explore the impact they can have on individuals and communities. Topics discussed in the debriefing centered on the questions members of one group had about another but were uncomfortable asking in an open environment.

Takeaways

- The game expanded on the areas of privilege/society that players were least familiar with.
- Players were able to identify personally with particular cards.

- o Reflective of real life
- Biases found their way into the game
- o Players using socioeconomic status and race/ethnicity to rank the order in which players would go.
- Lived Experiences
- o We cannot truly know the lived experience of another individual, but through the game we can learn and appreciate someone else's lived experience.

Lessons taught

- Players humble enough to express themselves
- Expressing accidents/mistakes and not fearing retaliation
- o Supportive correcting from other players
- Opening eyes to everybody else's privileges/Making players aware of other's privilege
- o No matter who you are, we all have some type of privilege
- Example: Different types of knowledge one possesses based on the socioeconomic status
- Generational Knowledge
- o Experiences from the past
- Opened the door for discussions to educate, grow, and make change together
- o Normalizes the scary and foreign topics and ideas in a safe relaxed setting

Sample quotes from focus groups:

- "The more you play and learn how to play the game, the more reflective of the real world it seems to become. It's like coming from a higher social class with the blueprint to establish wealth compared to someone in the lower class teetering the poverty line".
- "The game is making us think and process these scenarios and circumstances before we interact with patients from similar backgrounds/situations".
- "Decision making is different based on the group you belong to. Marginalized/Stigmatized groups health disparities are multifactorial. Social, financial, citizenship status".
- "Depending on your status, you have to ask the question "Is it cheaper and technically safer to suffer with a disease than it is to go receive treatment?"
- The nightclub scenario shooting:
 - o "It had real world correlation. Thoughts and prayers were provided with a woke token. It seemed satirical. Thoughts and prayers; moment of silence and then nothing happens. We just move on. And nothing changes. A continuous cycle. It's never addressed. Swept under the rug. No one is ever reimbursed for the things that are lost due to it".
- "My life was over for simply wearing a hoodie. It (board game) simulated the systemic effects of the way things happen in real life".
- "Privilege is very nuanced. You may have privilege for one

thing but then it ends up beating you up on the other side. You may come in with parents that are dropping money into your checking account each month, but then you also have some other component of your life to account for that another person doesn't because of that privilege".

- "It was difficult to move forward across the board to gain the life achievements. I was in the low social class. It took 4x to 5x as much effort to get somewhere compared to the 1%. It was very frustrating. Can't afford to catch up if something unplanned or unforeseen happens".
- "The game was accurate at depicting how life can be out of control at times. We were dealt cards that you had no control over".
- "From the very beginning, I realized that everybody had a different starting point depending on the social class card they had".
- "I started off with the unemployed card, and was diagnosed with HIV. Increase in HIV treatment cost was \$20K. I could never get past the cost. I will never win the game".
- "When the righteous action card is played, you can do something that you think is good but then it's only screwing over everyone else, and ends up benefiting you".
- "It was exhausting and difficult to win the game based off of where you started. Working so hard and getting nowhere. Even more difficult when you start from nowhere (unemployed)".
- "Other things in life, even if you have money (gender and sexuality), affect where you're going to get in life. Race or Sexuality can definitely change that".

The quantitative results from the survey showed that respondents agreed that the game should be played more often and incorporated into the formal curriculum. The play and facilitator characteristics were positively rated, with the facilitator's guide contributing to standardizing the experience.

A chart summarizing the play and facilitator characteristics, as well as the demographics of responders and non-responders, is included in the appendix. The survey questions and responses are also provided in the appendix.

Conclusions

Racial unrest recently made us, and others, start thinking more about privilege. But privilege and the adverse social determinants of health and unconscious bias experienced by those lacking it have long been the source of unequal surgical outcomes. This exercise is a way to catalyze intentional efforts at ameliorating such disparities.

Privilege can be defined as a set of advantages or benefits given to certain individuals or groups based on their social identity, such as their race, gender, sexuality, or socioeconomic status. These advantages may not be consciously sought or recognized by those who have them, but they can still have a profound impact on the way they navigate the world and interact with others.

In the context of healthcare, privilege can lead to biases and assumptions that impact the quality of care provided to patients. For example, a healthcare provider who comes from a privileged background may not be able to fully understand the experiences and needs of a patient who comes from a different background. They may make assumptions about the patient's lifestyle or health based

on their own experiences and biases, rather than taking the time to understand the patient's unique situation.

Using a tabletop game like *The Reality Check: The Game of Privilege* can help to address these issues by providing a safe and structured environment for learners to explore the concept of privilege and its impact on healthcare. By assuming the role of different circumstances and experiencing the impact of privilege firsthand, players can gain a deeper understanding of how privilege and bias can impact the care they provide to patients.

Game-based learning is the use of game elements, game thinking, and game mechanics in non-game contexts to engage users in an activity [3,4]. Games enable the integration of both intrinsic and extrinsic motivational components to cultivate an environment where players feel more motivated to engage in the target activities. Organized into groups, students-built game pieces out of paper and progressed through cohort life cycles represented by progressive stages on a game board. Following the game, the students were asked to reflect on their experience. This led to a wider student-led discussion of the fluidity of populations, migration and demographic trends, the relationship between population dynamics and planning.

The questionnaire responses showed that students saw clear relevance of the taught material, found the content well organized and to the point in both lectures. This counters the myth that game-based activities often cause chaos and misunderstanding in the learning process.

Games make learning concepts more palatable for students and supply learners with a platform for their creative thoughts to bounce around. Games encourage creative behavior and divergent thought [5]. Games will often act as learning triggers inducing lively discussion on learning concepts amongst students following game play.

Game-based learning is not just creating games for students to play, it is designing learning activities that can incrementally introduce concepts, and guide users towards an end goal [6].

James Paul Gee, a prominent scholar in the field of game-based learning, describes some of the learning principles that games utilize, including the opportunity to experience the world through new roles and identities and the potential to encourage reflective practice by having players engage in a cycle of probing, hypothesizing, probing again, and rethinking their strategies (208-209) [7].

When designed with learning principles in mind, games can increase student motivation, engagement, and learning. Increased access to the technology that allows us to create and access games, as well as the relatively recent popularity of gamification in our everyday lives, have enabled us to experiment with these technologies and applications in interesting and innovative ways.

Furthermore, the facilitated debriefing sessions and follow-up surveys following the play of *Reality Check*, provide an opportunity for players to reflect on their experiences and discuss any questions or concerns they may have. This can help to break down barriers and foster open communication, creating a more inclusive and effective healthcare environment for all patients [8].

Our study demonstrates that *The Reality Check: The Game of Privilege* is a viable and effective tool for promoting open discussions

about privilege, bias, and their impact on healthcare. Through play sessions and debriefing, we were able to create a safe and supportive environment that allowed participants to explore the complex issues surrounding privilege and circumstance. Our findings suggest that the game can be a valuable addition to medical education and training, and may help to reduce health disparities and improve patient outcomes.

Given the current social climate and the increasing need for healthcare providers to understand and address issues of diversity, equity, and inclusion, it is crucial that medical educators and leaders consider incorporating similar techniques into their curriculum and continuing education programs. The use of simulation-based training and board games, such as *The Reality Check*, can provide a practical and engaging way to help learners of all types gain an appreciation for diverse perspectives and lived experiences.

The first big hurdle understands the game itself. Then it's finding the meaning within. To assist here, ask the players to watch the YouTube video before they arrive. It may help them develop a foundation for the game before they arrive.

As stated by an associate professor of medicine at Emory University who tried to introduce the game to her university, "I bought the game and tried to play it once but it was so complicated that I had to put it away and save it for another day!"

Some confusion and chaos are normal as players try to figure out where to go and what to do first. The first time playing seems to be more about learning the game. Trying to figure out the little details and nuances of the game compared to freely playing.

In summary, we believe that our study has important implications for medical education and training, and we hope that our findings will encourage further research and development of innovative approaches to addressing issues of privilege and bias in healthcare.

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